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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/598,459			ing Date 31/2006	To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
	FOR	N	UMBER FI	.ED NUI	NUMBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A	ı	N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A	ı	N/A		1	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A		N/A		1	N/A	
	FAL CLAIMS CFR 1 16(i))		minus 20 =				X \$ =		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	m	inus 3 = *		ı	x s = -		1	x s =	
☐APPLICATION SIZE FEE (37 GFR 1.16(a)) If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1/6) and 37 CFR 1.16(s).											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	11/02/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	* 37	Minus	·· 63	= 0	ı	x s =		OR	X SO=	0
	Independent (37 CFR 1.16(h))	• 1	Minus	4	= 0	ı	x s =		OR	X S0=	0
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
E.	Total (37 CFR 1,16())		Minus	**	-	ı	X \$ =		OR	X 8 =	
ENDMENT	Independent (37 CFR 1 16(h))		Minus	***	-		X \$ =	, and the second	OR	X 8 =	
Ν̈́	Application Size Fee (37 CFR 1.16(s))					ı					
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					ı			OR		
									OR	TOTAL ADD'L FEE	
*! If the entry in column 1 is isses than the entry in column 2, write "0" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1. The Selection Coloration is sourced by 2CEST 16. The independent is the independent of bothing or eating a benefit by the pacific which is to file (and by the INSET) to											

This collection of information is required by 37 CFR 11.6. The information is required to defining or retain a benefit by the public which is to file (and by the DSF) process) an application. Confidentially 39 owered by 38 yeared by 38 CFR 11.6. This collection is estimated to take 12 innuities to complete, including gathering, preparing, and submitting the completed application form to the USF 17.0. Time will wary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CFR Information Cities. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22319-1.6. D.O. NOT 1550, Alexandr